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COVER LETTER

TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of C	Corporations		
SUBJECT:	STRETCH THERA	PY LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Jeff C	Ayetan C	
	Mobile	Stretch Firm/Company	Therapy LLC
	4363 W	1110W Pord	RO
	west pa	City/State and Zip Code	FL 33417
	Stretch E-mail address: (to be used for future annual repo	29mail COW
For further information	n concerning this matter, please ca	all:	
JEFF CAYETANO		561	331-9326
Name	e of Person	at () Area Code D	Paytime Telephone Number
Enclosed is a check for	r the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regi	ILING ADDRESS: (stration Section) sion of Corporations	STREET/CO Registration S Division of C	

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STRETCH THERAPY LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ippears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed of L19000117639	on 30 APRIL 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compar	ny here:
MOBILE STRETCH THERAPY LLC	
he new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NECT
Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	26 Z
	Tel 🛖 🔟
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	. **
3. If amending the registered agent and/or registered office addressegistered agent and/or the new registered office address here:	ss on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	
	er Florida street address
	Florida
City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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fan effective date is listed, t Note: If the date inserted document's effective date	he date must be specif I in this block does	ic and cannot be pr not meet the app	licable statutory	or more than 90 day	s after filing.) Purs	suant to 6 not be li	05.0207 isted as
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13 AUGUST		2019	——————————————————————————————————————)			
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